

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent #	10/519151	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100 ⁰⁰
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 100 ⁰⁰
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Treasury Check			
<input checked="" type="checkbox"/> Overpayment Search Fee		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9. <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment Search Fee			
<input type="checkbox"/> Duplicate Payment			
11 REFUND REQUESTED BY: <i>E. Young</i>			
TYPED/PRINTED NAME: <i>Francine Young</i>		TITLE: <i>Paralegal</i>	
SIGNATURE: _____		PHONE: _____	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B